



Provider Information Form

BCW Provider Information Form Procedures

Directions for Completing the Provider Information Form (PIF):

Page 3 of 5

Provider name: Enter provider’s first name and last name (Do not use nicknames).

Date: Enter the date you complete this form.

Provider Address (required): Enter provider’s physical business/street address. NO PO BOXES.

Agency Name: If applicable, enter the name of the provider’s agency.

Agency Address: Enter the agency’s physical business address/street address

Email Address:

- Personal (required): Enter provider’s personal email address where BCW correspondence should be sent.
• Agency: Enter Agency email address where BCW correspondence should be sent.

Phone Number: Enter phone number where provider can be reached or a message left).

Employment: Answer appropriately regarding employment with the State of Georgia of any Health District. If “yes” is selected, please contact your EIC. Providers who are actively employed with the State or Georgia or any Health District cannot contract with BCW.

Specialty: Enter provider’s specialty or discipline (e.g. SLP, PT, OT, etc.). Check all that apply.

Provider Status: Check the box that represents the provider’s BCW status:

- New BCW Provider or Company/Agency
- or -
- Existing BCW Provider or Company/Agency
o For existing contracted providers or existing BCW contracted Agencies, enter the last year (in YYYY format) that the provider worked with BCW Program.

Page 4 of 5

Provider Type: Check the box that represents the type of provider you are:

- Independent provider
- Sole proprietor or corporate entity employing one (1) service provider. (This includes “Single-member” LLC agency providers.)
- Agency provider

Georgia FFS Medicaid #: Enter the FFS Medicaid # if the provider’s specialty is listed below:

- AUD – Audiologist
- MD – Physician
- PA – Physician Assistant
- OT – Occupational Therapy
- PT – Physical Therapy
- PSYCH– Psychologist
- FTSLPL – Family Training: SLP – Licensed Provider
- FTSWL – Family Training: Social Worker– Licensed Provider
OPT – Optometrist
OPH – Ophthalmologist
NP – Licensed Nurse Practitioner
SC – Service Coordinator
SLP – Speech & Language Pathologist
SW – Social Worker

Date of satisfactory BCW Applicant Eligibility Letter: (To be completed by the District) Date on Provider’s last OIG Applicant Eligibility Letter that indicates a satisfactory criminal history check conducted by GAPS. Note: Date cannot be more than 2 years old.



Provider Information Form

CMO Enrollment:

- Check the box of all CMOs that provider is enrolled in.
- Enter provider’s CMO provider #.

Required for the following providers:

- AUD – Audiologist
- MD – Physician
- PA – Physician Assistant
- OT – Occupational Therapy
- PT – Physical Therapy
- PSYCH– Psychologist
- FTSLPL – Family Training: SLP – Licensed Provider
- FTSWL – Family Training: Social Worker– Licensed Provider
- OPT – Optometrist
- OPH – Ophthalmologist
- NP – Licensed Nurse Practitioner
- SC – Service Coordinator
- SLP – Speech & Language Pathologist
- SW – Social Worker

Private Insurance Enrollment:

- Check the box of all private insurance companies that provider is enrolled in.
- If private insurance company isn’t listed, enter the name of the insurance company on the line next to the word “Other”.

Are BIBS enrollment forms provided with contract? Check the box that represents the provider’s BIBS enrollment forms status:

- Yes – I am a new BCW provider
- Yes – I am an existing BCW provider working in new district(s)
- Yes – I am an existing BCW provider changing contact information (Name, phone #, address, etc.)
- No – My BIBS enrollment forms are already on file with CSC

Internet Browser: Choose the appropriate updated internet browser that will be used to conduct BCW documentation in the BIBS system.

Page 5 of 5

Districts and Counties Served

- Check all of the districts and counties in the district where Service Provider will provide approved services. NOTE: If provider will only do an evaluation in a county, Do NOT check that county.



Provider Information Form

Georgia Department of Public Health Babies Can't Wait Program

(Please type all information)

Provider Name: _____ Date: _____

Provider Address: (Required- NO PO BOX) _____

Agency Name: _____

Agency Address: _____

Email Address:(Personal-Required) _____

Email Address: (Agency) _____

Phone Number (# where you can be reached or a message left): _____

Are you currently employed with the State of Georgia or any Georgia Health District?

___ Yes ___ No

Specialty: (Check all that apply)

- Assistance Technology Services
 - Assistance Technology Provider
- Audiology Services
 - Audiologist
- Family Training (FT) and Counseling Services
 - FT: Counseling - Licensed Provider
 - FT: Social Worker - Licensed Provider
 - FT: Speech Pathologist - Licensed Provider
 - FT: Early Interventionist - Non-Licensed Provider
- Health Services
 - Physician
 - Physician Assistant
- Language Interpretation/Translation Services
 - Interpreters for the Deaf
 - Translator – Non Spanish Foreign Language
 - Translator – Spanish Language
- Nursing Services
 - Registered Nurse
 - Licensed Practical Nurse
 - Licensed Nurse Practitioner
- Nutrition Services
 - Dietitian
- Occupational Therapy Services
 - Occupational Therapy

- Physical Therapy Services
 - Physical Therapy
- Psychological Services
 - Psychologist
- Service Coordination Services
 - Service Coordinator
 - Intake Coordinator
- Social Work Services
 - Social Worker
- Special Instruction Services
 - Early Intervention Assistant
 - Early Interventionist
 - Early Intervention Specialist
- Speech-Language Pathology Services
 - Speech and Language Pathologist
 - Clinical Fellowship Year (CFY)
- Transportation Services
 - Transportation Company Provider
- Vision Services
 - Optometrist
 - Ophthalmologist
 - Vision Teacher
 - Vision Educator

Provider Status: (Check only one (1) box)

- New BCW Provider or Agency
- Existing BCW Provider or Agency



Provider Information Form

Provider Type: (Check only one (1) box)

- Independent provider
Sole proprietor or corporate entity employing one (1) service provider.
Agency provider

Georgia FFS Medicaid #: _____

Required for the following providers:

- AUD - Audiologist, MD - Physician, PA - Physician Assistant, OT - Occupational Therapy, PT - Physical Therapy, PSYCH - Psychologist, SLP - Speech & Language Pathologist, OPT - Optometrist, OPH - Ophthalmologist, NP - Licensed Nurse Practitioner, SC - Service Coordinator, SW - Social Worker, FTSWL - Family Training: Social Worker - Licensed Provider, FTSLPL - Family Training: SLP - Licensed Provider

Date of satisfactory BCW Applicant Eligibility Letter: (MM/DD/YYYY) _____

CMO Enrollment: (Check all you are enrolled in and enter your CMO provider #)

- Amerigroup, Peach State, Wellcare/TNGA with corresponding provider number fields

Required for the following providers:

- AUD - Audiologist, MD - Physician, PA - Physician Assistant, OT - Occupational Therapy, PT - Physical Therapy, PSYCH - Psychologist, SLP - Speech & Language Pathologist, OPT - Optometrist, OPH - Ophthalmologist, NP - Licensed Nurse Practitioner, SW - Social Worker, FTSWL - Family Training: Social Worker - Licensed Provider, FTSLPL - Family Training: SLP - Licensed Provider

Private Insurance Enrollment: (Check all you are enrolled in)

- Aetna, Blue Cross Blue Shield, Cigna, Tricare, United Healthcare, Other

Are BIBS enrollment forms provided with contract? (Check all that apply)

- Yes - I am a new BCW provider
Yes - I am an existing BCW provider working in new district(s)
Yes - I am an existing BCW provider changing contact information
No - My BIBS enrollment forms are already on file with CSC

Internet Browser Requirement: (Check all that apply)

- Internet Explorer/Edge version 11 or above
Firefox version 44.0.2 or above
Google Chrome version 49.0.2623.75 or above
Safari Mac version 9 in OS X 10.11
Safari iPhone/iPad version 9 in IOS 9



Provider Information Form

Districts and Counties Served

Check all of the districts and counties in the district where Service Provider will provide approved services.

NOTE: If you will only do an evaluation in a county, Do **NOT** check that county.

- 1-1 Northwest (Rome)**
 - All Counties
 - Bartow
 - Catoosa
 - Chattooga
 - Dade
 - Floyd
 - Gordon
 - Haralson
 - Paulding
 - Polk
 - Walker
- 1-2 North Georgia (Dalton)**
 - All Counties
 - Cherokee
 - Fannin
 - Gilmer
 - Murray
 - Pickens
 - Whitfield
- 2 North (Gainesville)**
 - All Counties
 - Banks
 - Dawson
 - Forsyth
 - Franklin
 - Habersham
 - Hall
 - Hart
 - Lumpkin
 - Rabun
 - Stephens
 - Towns
 - Union
 - White
- 3-1 (Cobb/Douglas)**
 - All Counties
 - Cobb
 - Douglas
- 3-2 Fulton**
- 3-3 Clayton**
- 3-4 East Metro (Gwinnett)**
 - All Counties
 - Gwinnett
 - Newton
 - Rockdale
- 3-5 DeKalb**
- 4 LaGrange**
 - All Counties
 - Butts
 - Carroll
 - Coweta
 - Fayette
 - Heard
 - Henry
 - Lamar
 - Meriwether
 - Pike
 - Spalding
 - Troup
 - Upson
- 5-1 South Central (Dublin)**
 - All Counties
 - Bleckley
 - Dodge
 - Johnson
 - Laurens
 - Montgomery
 - Pulaski
 - Telfair
 - Treutlen
 - Wheeler
 - Wilcox
- 5-2 North Central (Macon)**
 - All Counties
 - Baldwin
 - Bibb
 - Crawford
 - Hancock
 - Houston
 - Jasper
 - Jones
 - Monroe
 - Peach
 - Putnam
 - Twiggs
 - Washington
 - Wilkinson
- 6 East Central (Augusta)**
 - All Counties
 - Burke
 - Columbia
 - Emanuel
 - Glascock
 - Jefferson
 - Jenkins
 - Lincoln
 - Mcduffie
 - Richmond
 - Screven
 - Taliaferro
 - Warren
 - Wilkes
- 7 West Central (Columbus)**
 - All Counties
 - Chattahoochee
 - Clay
 - Crisp
 - Dooly
 - Harris
 - Macon
 - Marion
 - Muscogee
 - Quitman
 - Randolph
 - Schley
 - Stewart
 - Sumter
 - Talbot
 - Taylor
 - Webster
- 8-1 South (Valdosta)**
 - All Counties
 - Ben Hill
 - Berrien
 - Brooks
 - Cook
 - Echols
 - Irwin
 - Lanier
 - Lowndes
 - Tift
 - Turner
- 8-2 Southwest (Albany)**
 - All Counties
 - Baker
 - Calhoun
 - Colquitt
 - Decatur
 - Dougherty
 - Early
 - Grady
 - Lee
 - Miller
 - Mitchell
 - Seminole
 - Terrell
 - Thomas
 - Worth
- 9-1 Coastal (Savannah)**
 - All Counties
 - Bryan
 - Camden
 - Chatham
 - Effingham
 - Glynn
 - Liberty
 - Long
 - McIntosh
- 9-2 Southeast (Waycross)**
 - All Counties
 - Appling
 - Atkinson
 - Bacon
 - Brantley
 - Bulloch
 - Candler
 - Charlton
 - Clinch
 - Coffee
 - Evans
 - Jeff Davis
 - Pierce
 - Tattnall
 - Toombs
 - Ware
 - Wayne
- 10 Northeast (Athens)**
 - All Counties
 - Barrow
 - Clarke
 - Elbert
 - Greene
 - Jackson
 - Madison
 - Morgan
 - Oconee
 - Oglethorpe
 - Walton